SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 10:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N24616** **(7)**

1. Corporation Name
KIWANIS CLUB OF SINGER ISLAND SUNRISE, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1401 FORUM WAY, SUITE 500 WEST PALM BEACH FL 33401	1401 FORUM WAY, SUITE 500 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 02/03/1988
3a. Date of Last Report: 08/08/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 98 Lake Dr.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Beach Shrs FL.	City & State 28
Zip / Country 24 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RADFORD, STEPHEN F., JR. 1401 FORUM WAY, SUITE 500 WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 7/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FRENCH, AUSTIN	1.2 NAME	John Harre	
STREET ADDRESS	4400 EMPRESS DR.	1.3 STREET ADDRESS	6416 64th Way	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	W.P.B., FL 33409	
TITLE	VD	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HARRE, JOHN	2.2 NAME	John Healy	
STREET ADDRESS	4236 - 42ND AVE.	2.3 STREET ADDRESS	1560 6th St	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL.	
TITLE	VD	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HARRE, CHRISTINA	3.2 NAME	Joe Romano	
STREET ADDRESS	4236 - 42ND AVE., S.	3.3 STREET ADDRESS	4700 Lewis Rd	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	WPB, FL 33417	
TITLE	SD	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DARR, SUSAN	4.2 NAME	Marlene Buse	
STREET ADDRESS	7100 VENITIAN WAY	4.3 STREET ADDRESS	101-F Seaonts Dr.	
CITY-ST-ZIP	LAKE CLARK SHORES FL	4.4 CITY-ST-ZIP	Juno Beach, FL. 33408	
TITLE	TD	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	KELLER, VIRGINIA	5.2 NAME	Susan Darr	
STREET ADDRESS	2750 OMEGA PL.	5.3 STREET ADDRESS	7100 Venitian Way	
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP	Lake Clarke Shores, FL	
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	NEALY, JOHN	6.2 NAME	Carmine Napoli	
STREET ADDRESS	1560 6TH STREET	6.3 STREET ADDRESS	176 Lake Mary Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WPB, FL. 33411	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: John R. Harre, Jr. 7/13/95 428-6713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010644